#### MARYLAND STATE DEPARTMENT OF HEALTH

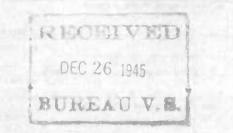
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12165

Reg. Dist. No.

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stato
4. Sea Subolor or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. December 19 4.5, at 1 a. m.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	
7. Birth date of S. (c) If alive, give age years	and that I last saw halive oo
deceased (mo., day, yr.) 9 - 9 - 1903	Immediate Caule of death DURATION
8. AGE: Years   Months   Days   If less than one day	X 1 12 angul alum
42 3 5nrs. min.	A francisco
	Due to
9. Birthplace	
to me leta . I	
10. Usual occupation	Due to
11. lodustry or business	
12. Name 12.	Other conditiona
12. Harne U 13. Birthplace	
	(Include prognancy within 3 months of death)
E 14. Maiden oame	Major findings of operations.
14. Malden oame	Date of op.
In he Waren	Autopsy results
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address It augustine med	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 Burial Bate thereof (month) (day) (year)	
(Berial, cremation, or removal. Which?) (menth) (day) (year)	Mediability seriously of honding
Cemetery or crematory	Where did injury occur? (City or jown) (Coenty) (State)
1 M. Will had	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Funeral director. A Ow Tappin	Means of injury Injured at work?
Address Clfeton Ind	(Ne arodron king com
12/22 15 m. P. 1/1/20	23. SIGNATURE M. D. or other
19. 12/22 19 45 Miss. Ralph N. Vees Registrar	Address liam & Sun Mell Date signed - 15-45





1. PLACE OF DEATH: County Cecil		2. USUAL RESIDEN (For newborn infa	CE (HOME) 0 ints give residence of	F DECEASED: mother)	
City or town	erry Point, Md nd give nearest town) ys	State D.C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town)			
Nospital, institution, or streel address where death occurred: Veterans Administration, Perry I Now tong in hospital or institution?	Street No. 1612 - 5th Street, N.W.  (If rural, give LOCATION)  2.(a) If veteran, name war. Spanish American				
3.(a) FULL NAME ATKINSON	N, CHARLES S.			3. (b) Social Security	Number .
4. Sex 5. Color or race 5. (a) Single, married, Male Negro Sing	widowed, or divorced	20. OATE OF DEATH		ERTIFICATION 3 19.45	7:30
8.(b) Nams of husband or wife		21. I CERTIFY that death February 5	occurred on the date abo	ors stated; That I altended dec. 45, to Dec.emb	cessed from Der 13.4
8. AGE: Years Months Days If less	s than one dayhrs,mtn,	Syphilis of System. MAN	the Centr	MXXXXXX	*******************************
9. Birthplace Washington D. C. (Town, county, and atate)  10. Usual occupation Laborer  11. Industry or business		Arterioscle	tabo-paret rosis, gen y	ic Und eral and Und	letermin
E 12. Name Edward S. Atkin: 13. 8irthplace Baltimore, Md.  H 14. Maiden name Mary Over		Other conditionsP.s.v. of central paresis (Include Major findings of operat	nervous sy pregnancy within \$ 1	h syphilis stem, tabo- months of death) Ove	er 10 mc
16. Informant Hospital Records		Autopsy results	me as abov	Date of op	
Cemetery or crematory	2-15-25 (month) (day) (year)	22. VIOLENCE: If death Accident, suicide, or hom Where did Injury occur?	was due to external cau- ictde	uses, fill in the following;  Gate of  (County)  there?)  tnjured at work?	(State)
18. Funeral director Havre de Grace, Md.  19. Onte rec'd hy registrar)	E. Company	1.3	TROLLINGE L. Director	R,Lt.Col., M. P	or othe 11

MARGIN RESERVED FOR BINDING

VS A15

DEC 18 1945

2411 N. Charles St., Baltimore 872

12168

	IE OF DEATH Reg. Dist. No	******			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Cecil	Maryland Raltimore				
City or town Penry Point, Mds. (If outside city or town limits, write RURAL and give nearest town)	Paltimone				
How long in above place of deeth? 1 yr. 1 mo. 9 days	(If outside city or town limits, write RURAL and give nearest town)				
Hospitel, Institution, or street eddress where death occurred:	Street No. 1725 Druid Hill Avenue				
Veterans Administration Hospital	(if rural, give LOCATION)  2.(a) If veteran, neme wer. World War I	/			
How long in hospital or institution? 1 yr a 1 mo a 9 days	2.(a) If veteran, neme wer World War I	V			
3.(a) FULL NAME BAILEY, James H.	3.(b) Social Security Number Unknown				
4. Sex   5. Color or rece   8.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION				
Male Negro Single		10D			
	20. DATE OF DEATH. December 20 18.45 et la.:	LUF			
8.(b) Neme of husband or wife	II MONGINGI TT 19 THE PECCININGI SO	.45			
S. (c) If clive, give egeyeerd	end that flast saw h im alive on December 20	. 45			
deceeed (mo., day, yr.) November 21, 1893		HOITA			
8. AGE: Yeers   Months   Deys   If less then one dey	Organic Brain Disease 16	yrs			
52 1 1hrsmia	111101111 Phades 110111				
9. Sirthplace Virginia (Town, county, and state)  10. Usual occupation Laborer  11. Industry or business	Due to				
12. Name Rand Bailey	Diher conditions	yrs.			
₹ 13. Birthplace Virginia →	Psychosis w/organic brain disease 16; (Include pregnancy within 3 months of death)	y13.			
14. Malden name Wartha Burkess Virginia 15. Birthplece	Major findings of operations.				
Virginia Virginia	Major badings at aperations.  Dete of op.				
16. Informent Records - Veterans Adm. Hospital	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically				
Address Perry Point, Md.					
	22. VIOLENCE: If death was due to external ceuses, fill in the following;				
17. Removal (Burisi, cremation, or removal, Which?)  Bate thereoDec ember 26, 194 (month) (day) (year)					
Cemetery or cremetery Baltimore National Cemetery					
Baltimore, Md.	Injured at home, farm, industry, public plece (where?)				
	Means of Injury — Injured at work? ——				
Address 1631 Druid Hill Ave., Baltimore, Md.	1.3/1000000				
19. (Date red by registrar)  (Date red by registrar)  (Date red by registrar)	23/ SIGNATURE TROLLINGER, LT. COL., MC M. Cler With Address Vets. Adm., Perry Point, Mode signed 12-21	ECTO			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date ree'd by registrar)

The correct age

PLAINLY, WYTH CNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death elearly and legib

WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore (13/2)

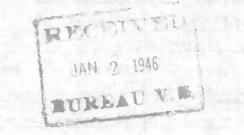
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# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DE	Ceni	1		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother)	
City or town. Perryville (If outside city or town limits, write RURAL and give nearest town)			State Maryland	county Cecil		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?			RURAL and give nearest town)	City or town Perryville (If outside city or town lim		
	e of death? r street address where			(If outside city or town lim	ilts, write RURAL and give ner	arest town)
				Street No.	ivs LOCATION)	
How long in hospital of	or institution?	**************		2.(a) it veteran, name war.		
3. (a) FULL NAM	Œ				3. (b) Social Security	
		Tahm	Doin		5. (0) Social Security	Manuer
4. Sex	5. Color or race		Bair ie, married, widowed, or divorced	MEDICAL	CERTIFICATION	
35-3-	3073- 4 -		Mile 2 - 3			
Male	White		Married	2D. DATE OF DEATH Delevel	ev 25 1945	, at 646 Pc
6.(b) Name of husband	or wife	ry Ba	ir	21. I CERTIFY that death occurred on the date a	and the same of th	
			c) It alive, give age	June 1		
7. Birth date of				and that I last saw he can alive on	) resulter 2	6 19 45
deceased (mo., day, 8. AGE: Year		Days	1869	Immediato cause of death		DURATION
76	0	8	hrs. min.	Walnulas Reas	- Duran	10 yra
			3		•••••••••	- J
9. Birthplace	Colora (Town,	conuty, and	il Co., Md.	Due to	***************************************	***************************************
			***************************************		10.00.000.000.0000000000000000000000000	
11. Industry or busines				Due to		• • • • • • • • • • • • • • • • • • • •
		Bair		Other conditions Chronice /	ablection	5340
12. Name	Germa		••••••••••••••••••	Bither conditions.	LESI	
E. 13. birtipiaca			and on	(Include pregnancy within	8 months of death)	
14. Malden name.			nyder	Major findings of operations		
15. Birthplace	German	ny			Date of op	
16. Informant	Mary I	Bair	***************************************	Antopsy results		••••••••
Address	Perryvil			PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
				22. VIOLENCE: It death was due to external o	auses, till in the following:	
(Burial, cremation	ial . or removal. Which?	Date ther	(mouth) (day) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or cremate	west 1	Vottir	ngham	Where did injury occur?(City or town	// // // // // // // // // // // // //	(24042)
Location Co		Rı		injured et home, tarm, industry, public place		
Location	119	7 4	The state of the s	Means of Injury	Injured at work?	000000000000000000000000000000000000000
16. Funerel directo	Il a	MAL	were 4 you	means or mjury	INJUICE 21 WORK?	
Address	Perry	ville	, me	lit, Me	inau	
dla 2	-8 /us	1-9-	E. Boughert	23. SIGNATURE		enether
(Date rec'd by re	gistrar)		Registrar	Address Jessywelle V	Wal Date signed.	12/27/45

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## MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH Reg. Dist. No.	92
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.	nearest town)
3.(a) FULL NAME Alexius Berger	3. (b) Social Secur	ity Number
4. Sex 5. Color or race δ.(α)Single, married, widowed, or divorced Sungle.  8.(δ) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH December 11 1945  21. I CERTIFY that death occurred on the date above stated; that I attended to November 10 1944 to Dec.	deceased from
7. Birth date of	and that I last saw h i M alive on December 11, Immediate cause of death Myocardial Failure	19 45
9. Birthplace (Town, county, and atate)  10. Usual occupation. (Town, county, and atate)  f1. Industry or business	Due to. Cardiovascular renal disease.	l year
12. Name 13. Birthplace 14. Malden name 15. Birthplace	Other conditions  (Include pregnancy within 8 months of death)  Major findings of sperations.	
Address Clotton, Ind	Autopsy results	ged statistically.
(Burial, eremation, or removal. Which?)  Cemetery or crematory  Location  Date thereof  (month) (day) (year)	Accident, suicide, or homicide	
18. Funeral director	23. SIGNATURE Likton, Maryland Date sign	0, h 0, D. of other 12/11/45

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DEC 18 1945

9-45-15M

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 300

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Geoil  Gounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Veterans Administration, Perry Point, Md (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:  Veterans Administration, Perry Point, Md.  How long in hospital or institution? Same as above	State Delaware County Sussex  City or town Seaford, Delaware (If outside city or town limits, write RURAL and give nearest town)  Street No. R.D. #2  (If rural, give LOCATION)  2.(a) If veleran, name war N.W. I		
3.(a) FULL NAME BOSMAN, Albert B.	3.(b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male ` White Married	20. DATE OF DEATH. December 14 1945 23:45 P. M		
8.(6) Name of husband or wife Julia E. Poholsky  6.(c) If alive, give age 42 years  7. Birth date of deceased (mo., day, yr.) January 16, 1895	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 3 19. 45 to December 14 19. 45 and that I last saw him alive on December 14.		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Myocardial degeneration DURATION		
50 10 28	Unknown		
9. Birthplace	Due to. Syphilitic Disease of heart Unknown  Due to. Syphilitic Disease of heart Unknown  Diher conditions Psychosis with syphilis of Central Nervous System. Meningo  Encephrish Type 12 years  Major findings of operations  Date of op.  Antopsy results. Physician:		
Removal  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Odd Fellows  Location Seaford, Del.  18. Funeral director.  Address Havre de Grace, Md.  19. (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

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DEG 18 1945

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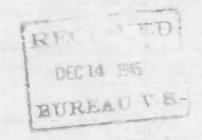
The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6

## CERTIFICATE OF DEATH

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
City or town Veterans Administration, Perry Point, Mc (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 20 yrs. 4 mo. 10 da.				State Pennsylvania County Warren  City or town Warren  (If outside city or town limits, write RURAL and give nearest town)		
	or street address wher					
			erry Point, Md.	Street No		
How long in hospital	or institution?	Same a	s above	2.(a) If veteran, name war	W.W. I	
3. (a) FULL NAI	ME		S, Daniel		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Male	White		Single	20. DATE OF DEATH December 12	19.45	.a16:15 A.M
				21. I CERTIFY that death occurred on the date above August 2	December	12 tg 45
7. Birth date of	Anomant	18, 18	c) It alive, give ageyears	and that I last saw h im alive on Dece	mber 12	19.45
deceased (mo., day	1 71.07	Days	It less than one day	Immediate cause of death		DURATION
5	0 3	24	hrsmin.	vature		8 months
			state)	Due to		
10. Usual occupation				Oue to		
12. Name	Unknown Unknown			Other conditions Dementia Preco		25 years
es l	Unknown			(Include pregnancy within 3 mor		
15. Birthplace	Unkn own			Major findings et operations.		
	pital Reco	rds		Autopsy resultsSameasabo.ve PHYSICIAN: Please underline the cause to which		
AddressVete	rans Admin	istrati	on, Perry Point, Md			statisticany.
17Remov	al	Date ther	eet December 12,19 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or crema	tory Wall Gil	Cemerer		Where did injury occur?(City or town)	(Connty)	(State)
Location Warr	en, Pennsy	lvania	·	Injured at home, tarm, Industry, public place (wher		***************************************
1B. Funeral director.	Lun	2	ms/ Don	Meens of Injury	Injured at work?	
Address Pe	nnington &	Son/		(1-3/ Jeac	elei	vi-
19. 10 Hav	re de Grad			A SIGNATURE NORM, Lt. Col., Valinical Director, Veter	ans Administ	rother E



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore PS

### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:  County  City or town  (If ontside city or town limits, write RURAL and give negrest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborp infants give residence of mother)  State
new loug in neathern or institutions.	Z.(a) IT veteran, name war
3. (a) FULL NAME William C. O	edhane. 3.(b) Social Security Number 1612 - 1600
5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION  20. DATE OF DEATH DELL 25 1945 at 230 Ge
6.(6) Name of bushand or wife esser Weshane	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of Social	and that I lest saw halive oo
8. AGE: Years Menths Days It less than ene day	Immediate course of death
9. Birthplace. (Town, county, and state) md.  Herry Geelle Laund.	Due to
10. Usual occupation	Dre to
11. Industry or bosiness  12. Name  13. Birthplace  13. Birthplace	Dther conditions
E 14. Malden name Chanie Dy	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. Birthplace Colling of the Break	Autopsy results.
Address Chesosinke City, Find	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bate thereo 28/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill le the following:  Accident, suicide, er homicide
Location for Therepulse City, Mile	Where did lojury eccut?  (City or town)  (County)  (State)  Injored at home, farm, industry, public place (where?)
18. Funeral director A La Pappino Address Elector, Ind.	Meass of Injury Oroweld. Injured at work? Me.
193 All Color of the Color of t	23. SIGNATURE M. D. or other, Address Many General Maje signed 2/25-40

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or iown The Service Clay	siais and county Caril	•••••
(If outside city or town limits, write RURAL and give nearest town)	City or town C Creace le Cit	<u></u>
How long in above place of death?	(If outside city or town limits, write RURAL and give	
	Street No	
How long in hospital or institution?	2.(a) It veleran, name war	**********
3. (a) FULL NAME	3. (b) Social Securi	
Sucu. B. D.	1	
4. Sex 5. Color or race S.(a) Imgle, married, wloowed, or divorced	MEDICAL CERTIFICATION	
7 W Widowed	20. DATE OF DEATH 12-10-45- 19	. 6. P.
8.(b) Name of husband or wife. C. Carles . H. Dung	21. I CERTIFY that death occurred on the date above stated: that I attended do	-
	19 \( \text{2} \), to \( \text{2} \times \)	~ / 5~ 19
7. Birth date ot	17 2-1 60 (1)	19
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Bronelis - preumi	
86 - 25 hrs. min.		13 days
500+ D. 200 .00 md	Branchitia	2 weeks
9. Birthplace(Town, county, and atate)	Due io.	000110000000000000000000000000000000000
10. Usual occupation	Due 10 Sevelete	
11. Industry or business	Sub (U	
12. Name morris Brogan	Other conditions	***************************************
\$ 13. Birthplace manyedud		
14. Maiden name Margaret Carson	(Include pregnancy within 3 months of death)	
15. Birlholace Manual	Major findings of operations.	
CD ON TO		*******************************
18. Interment	Autopsy results	
Address Elblin NW 5 7 ncd	22. VIOLENCE: It death was due to external causes, fill in the following;	· · · · · · · · · · · · · · · · · · ·
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
( V   L   0   *		
Cemetory or crematory.	Where did injury occur?	
Location Character The Control of th	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured st work?	
Addross Moth Cash, md	In & Van Horden hu A	,
19 Dec. 13 1045 hus Rolph Rees	M. S. C. Marchaell L. A. M. I.	), or other (3_1/5
(Date rec'd by registrar) Registrar	Address 4x 10 leasaplate rely Dato signe	12-13-KD

DECIA 104

2411 N. Charles St., Baltimore (%2)

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D:	NT.	96

13175

				CERTIFICA	TE OF DEATH	Reg. Dist. No	76			
1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF D (For eawborn infants give residence of mot					
City or town Perry Point, 1da  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 yrs. 7 mos. 12 days				URAL and give nearest town)	Raltimore					
How long in above	place of	death? 5 y	rs. 7 m	os. 12 days	II outside city of town minter, w	rite RURAL and give ne	arest town)			
Veteral	on, or str	eet address where Aministra	ation,	Perry Point, Md.	Street No. 215 N. Carrollton (If rural, give LO		/			
How long in hos	ilal or ins	stitution? 5 3	yrs. 7m	os. 12 days	2.(a) It veteran, name war. World Va:	r I	V			
3. (a) FULL		GREEN,	Samuel			3. (b) Social Security None	Number			
4. Sex	5	. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CER	TIFICATION				
Male		Negro	S	eparated	20. Date of Death December 22	10 45	.11:30A			
		wife Sepai	rat.ed		21. I CERTIFY that death occurred on the date above s					
					May 10 19 44	0 Dec. 2	22 1845			
7. Birth date of		Annil	24, 18	c) it alive, give ageye						
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death Pneumonia, lobar					
	50	7	29	hrsm						
9. Birthelace	Anna	polis, N	vid.							
		(Towe	, county, and	state)	Atrophy					
10. Usual occup	ation	Fisherma	Z11	***************************************	Due to					
11. industry or t		Fish	222222		35 1 3 D- 61 1 1	W	Lifetime			
12. Name	UIIKI	nown - de			Other conditions Mental Deficien	CY, Moron	TTTECTHE			
13. Birthpla	ce	Unknow Unknown		anaad	(Include pregnancy within 3 mon	nths of death)				
14. Malden	n2me		nown	easeu	Major findings of operations					
				1 Jan 2 and a day and day		Date of op				
16. Informant	ecor	as - vet	cerans.	Administration	Astopsy results					
Address	F	erry Poi	int, 31d		22. VIOLENCE: It death was due to external causes					
17. Remo	oval	r removal, Which	Date ther	eot. 12-1-19/15 (month) (day) (year)	Accident, euicide, or homicide					
Complex or	romotory	ANNA	POLIS 1	VATIONAL CEMETER	Where did injury occur?(City or town)		(Chata)			
					Injured at home, farm, industry, public place (where		(State)			
11	-/	lis, Md.	A.	) / )	Meens of injury	injured at work?				
18. Funeral dire	ctor	on & Soy	(,)		12/10-	-				
		de Grace		011	23. SIGNATURE 2 Jeac	lug	to ly			
19. Dec	2	9 19 41	- Ja	Ategistr	A. H. TROLLINGER, LT.CO	OL., MC, CI	N.DIRECTO			
(Date rec'd	by regist	crar)		Acegisti	Address Vets Adm Perry Po	Little grade signed				

PLEASE WRITE PLAINLY, WITH ULF is especially important. VS A15 3-45-15M

The correct age

ADING INK. Supply every item of information carefully. The copysicians: please write the causes of death clearly and regions.

MARGIN RESERVED FOR BINDING

JAN 2 1946

Real Mar and colored participation (1992)

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 80-6

#### CERTIFICATE OF DEATH

	35176
Reg. Dist.	No. 96

	Reg. Dist. No.		
1. PLACE OF DEATH: CECIL	2. USUAL RESIDENCE (HOME) OF DECEASED:		
GUUNITY	(For newborn infants give residence of mother)		
City or town BAINBRIDGE, MARYLAND (If outside city or town limits, write RURAL and give nearest town)	state MASS. County UNKNOWN		
How long in above place of death? 46 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 6 SUMMIT AVENUE		
USNH, NTC, BAINBRIDGE, MARYLAND	(If rural, give LOCATION)		
How long in hospital or institution? 1 day	2.(a) It veteran, name war. WORLD WAR II		
3. (a) FULL NAME	3. (b) Social Security Number		
George McLeod GUILD			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE SINGLE			
	20. DATE OF DEATH. 8 DECEMBER 19 45 10:58 A		
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 - December 19 45 to 8 December 19 45		
7. Birth dale of	and that   last saw h im alive on 7 December 19 45		
deceased (mo., day, yr.) 6 September 1927			
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION ENCEPHALITIS, ACUTE 5 DAYS		
18 3 2hrsmin.			
9. Birthplace EVERETT, MASS. (Town, county, and state)	Bue to ETIOLOGY UNDETERMINED		
(Town, county, and state)	930 (		
10. Usual occupation. U. S. NAVY	Que to.		
11. Industry or business U. S. NAVY	996 (4		
到 12. Name Henry W. GUILD	Other conditions		
E 13. Birthplace UNKNOWN			
Andrew C. CUTT D	(Include pregnancy within 3 months of death)		
14. Maiden name Audrey C. GUILD.  15. Birthplace UNKNOWN	Majer findings of eperations.		
15. Birthplace UNKNOWN	Oate of op.		
16. Informant U. S. NAVAL HOSPITAL, NAV TRA CEN	Autopsy results ENCEPHALITIS ACUTE		
Address BAINBRIDGE, MARYLAND.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
1000	22. VIOLENCE: It death was due to external causea, till in the following:		
(Burial, eremation, or removal, Which?)  Oate thereot. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
County YMAAA			
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director and an analysis of the state of the	Means of Injury Injured at work?		
Address Serryville Ma.	S. SIGNATURE H. C. OARD, CAPTAIN (MC) USNR.		
19. Local Strain 18 43 Day E. A. Hygistrar (Date rec'd by registrar)	M. D. or other		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

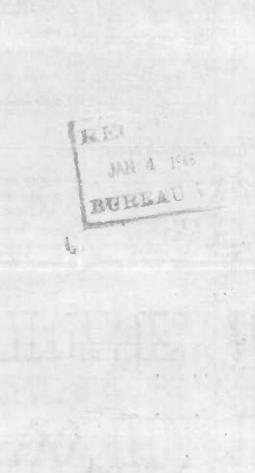


12177

## CERTIFICATE OF DEATH

		A.
g.	Diat.	No. 96

1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
UDURTY	State Maryland County Cecil		
Cherlestown (If outside city or town limits, write RURAL and give nearest town)	City or town		
How long in above place of death?			
	Street No(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Harry S. Haines			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male   White   Widowed	20. DATE OF OEATH DEC. 30 1845, 21735PM		
6.(b) Name of husband or wife Nary Lee Haines	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) Sept 1, 1868	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	myscarditis 3 mo.		
77 3 29hrsmin.	<u>J</u>		
9. Birthplace	Due to		
10. Usual occupation Telegraph Operator			
11. Industry or business Pa. R.R.	Oue to		
¥ 12. Name William Haines	Other conditions		
William Haines  12. Name William Haines  13. Birthplace Cecil Co., Md.			
Hannah J. Harris	(Include pregnancy within 3 months of death)		
Hannah J. Harris  14. Malden name Hannah J. Harris  15. Birthplace Cecil Co. Md.	Major fiadings of operations		
Mrs Arline H Cooper	Antopsy results.		
033	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Burial Oate thereof Ian 2,1946 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Charlestown	Where did injury occur?		
Location Charlestown, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral direct et a. Patterson & Soul	Mesns of Injury Injured at work?		
Address Oerwille, W.d.	0/40000		
	M. D		
19. Date rec'd by registrar) Registrar	Address North East, MA Date signed 2: 31-14-5		



2411 N. Charles St., Baltimore 30-

			CERTIFIC	ATE OF DEATH Reg. Dist. No	****************
How long in above place of Hospital, institution, or st Veterans Adn How long in hospital or in	ns Admini alde city or town death? 2 Yrs reet address where ninistrat	death occurred	on, Perry Point, DRAL and give nearest town), 26 da.  cry. Point, Md.	(If outside city or towo limits, write RURAL and give nearest street No	V
3. (a) FULL NAME	Н	ICKS, I	on Z.	3. (b) Social Security Nu	
4. Sex	5. Color or race	-	. married, widowed, or divorced	MEDICAL CERTIFICATION	2-5276
Male	White		Divorced	20, DATE OF DEATH. December 12 19.45	.2:50P.
		6. (c	known  It alive, give age	21. I CERTIFY that death occurred on the date above ataled; that I attended decease May 16	d from 12 1845 19.45
8. AGE: Years	Months	Days	It less than one day	Immediate caose of death Aneurysm, gastro-duodenal	DURATION
47	9	15	brs	artery 1 yr	9110.
11. Industry or business  12. Name	nown nown Unknow	n n		the central nervous system, meningo- encephal (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	. 6 mo.
Address eteran  Remo (Burial, cremation, o Cometery or crematory, Location  18. Funerat director	val removal Which Kerens	Date there Cemeter W. Va. Son Grace,	on, Perry Point, 1 12-13-45 (month) (day) (year)	PHYSICIAN: Please woderline the caose to which death should be charged sta  22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	tistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legiony. MARGIN RESERVED FOR BINDING

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Evidence for change of

s St., Baltimore 940	
E OF DEATH	Reg. Dist. No.
Street No. 260 W 7	County CCCL  County n limits, write RURAL and give nearest town)
	3. (b) Social Security Number
	L CERTIFICATION  3 1945 1 49.
	date above stated; that I atlended deceased from
	18
and that I last saw halive on	18
Immediate cause of death	DURATION DURATION
Due to	***************************************

22. VIOLENCE: If death was due to external causes, fill in the following:

M. D. or other

RECEIVE DEC 10 1945

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2411 N. Charles St., Baltimore Bra

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CERTIFICAT	TE OF DEATH Reg. Diat. No. 95
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  Gor newborn infants give residence of mother)  State  County  City or town  (If outside city or jown limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   1. Sex   1. Color or race   1. Col	MEDICAL CERTIFICATION  20. DATE OF DEATH
Address Pising Sun Md.	Q. R Hole was my

Registrar

ALEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and residu

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2)

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County C.C.C.L	
City or towa Pure and Company of the City or town limits, write RURAL and give nearest town)	State 777 any land County Cari
How long in above place of death?3.4	City or town The control of the
Hospital, lostifulion, or street address where death occurred:	street No. Cowentown
	. (If rural, give LOCATION)
How long in hospital or institution?	2.(σ) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
A Say To Calar or race   8 (a) Shark married, widowed, or divorced	MEDICAL CERTIFICATION 00
3.35%	
fomale white widow	20. DATE OF DEATH bleember 7 1945 at 1 a.
8.(6) Name of husband or wife Williams Lofland	21. I CERUFY that death occurred on the dato above stated; that i attended deceased from
C.(o) Haine of Hassand of Mills of the Control of t	Jan 5 1975 10 Dec 7 1940
7. Birth date of Track 2.8.(c) It alike give age year	and that i last saw h. Q. J. allyo on Alle, 3 19 70
decoased (mo., day, yr.) have Vland	Immediate cause of death
8. AGE: Years Mooths Days it less than one day	
68 8 9hrsmir	. Pulmoran Vulerculous
Ceril Maryland	Due to.
8. Birthplace (Town, county, and state)	
10. Usual occupation Menchant	Due to
11. Industry or business Reneral Stone.	250 (
	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sauch Graham  15. Birthplace Way Land	Major findings of operations
E 15. Birthplace May land	Dato ot op.
16. Informant Many Bass.	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Elpton 18. D3 ml.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Hambony	Where did lajury occur?
0 3 1 1	Injured at home, farm, Industry, public place (where?)
Location Town and SVG) Production	Means of Injury injury injury
18. Funeral director. Those L. F. Hemathy	Moons of tiping
Address Ellston R.D. 3 mg	- 23. SIGNATURE On & Lord W. Aprecles, L. D.
19. Dec 8 19 45 Th France (Dato roc'd by registrar) (Registra	Address Elk Yn, h Date signed Ala. 8,19

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

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		-	00	

CF	R	TI	FI	CA	TE	OF	DE	AT	T
-1	-11		, .						18.

1. PLACE OF DEATH: Ce cil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Cecel
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Engene RMa	ulove 3. (b) Social Security Number
4. Sex 5. Color or race 16.(a) Single, married, widowed, or divorced whate whate	MEDICAL CERTIFICATION  20. DATE OF DEATH DEC 2/ 1945 at 11Q
Elair Maulous	20. DATE OF DEATH 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of husband or wife	July 1845 10 Dec 21 1845
7. Birth date of deceased (mo., day, yr.) Near 20 1864	and that I last saw h
8. AGE: Years Months Days If less than one day  8. AGE: Years Months Days If less than one day  8. AGE: The second of the second	Immediate cause of death OURATION
9. Birthplace Ceculton and many land (Town, county, and state)	Due to.
10. Usual occupation. Farmer (retired)	Oue to.
11. industry or business	
12. Name Mark Maulove 13. Birthplace Ceculton 2nd	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Ellen Corrly 15. Birthplace Cecilton md	Major findings of operations
16. Informant Mrs. Bouchelle	Autopsy results
B . 1 A . 23 16	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Delawan	Where did injury occur?
H. Whippin	Means of Injury Injured at work?
Address Elkton mod	On I marine and
Lec v 1045 FR Fraser	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Registrar)	a Address Elston med Bate signed 12 - 22-4

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 92-2 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The confident of death clearly and legibles (For newborn infants give residence of mother) How long in above place of death? 5 years. Hospitat, institution, or street address where death occurred: (If rural, give LOCATION) How tong in hospital or Institution?..... 3. (a) FULL NAME 4. Sex MEDICAL CERTIFICATION item of i FOR BINDING 6.(b) Name of husband or wife.... .S.(c) If alive, give age ......years write Una. deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr 8. AGE: Months tt less than one day MARGIN RESERVED 9. Birthplace..... 10. Usual eccupation. 11. Industry or business. 12. Name.... important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. Major Endings of operations..... 2 15. Birthplace LAINLY, v PHYSICIAN: Please underline the cause to which death should he charged statistically. PLAINLY is especial 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide,..... (Burial, cremation, or removal, Which? (month) (day) (year) Where did injury occur? .....(City or town) WRITE Cemetery or crematory. Injured at home, farm, industry, public place (where?) ..... Means of Injury Address 23. SIGNATURE

(Date rec'd by registrar)

Reg. Dist. No.....

(If outside city or town limits, write RURAL and give nearest town 3. (b) Social Security Number DURATION (County) Injured at work?

DEC 18 1945

2411 N. Charlee St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

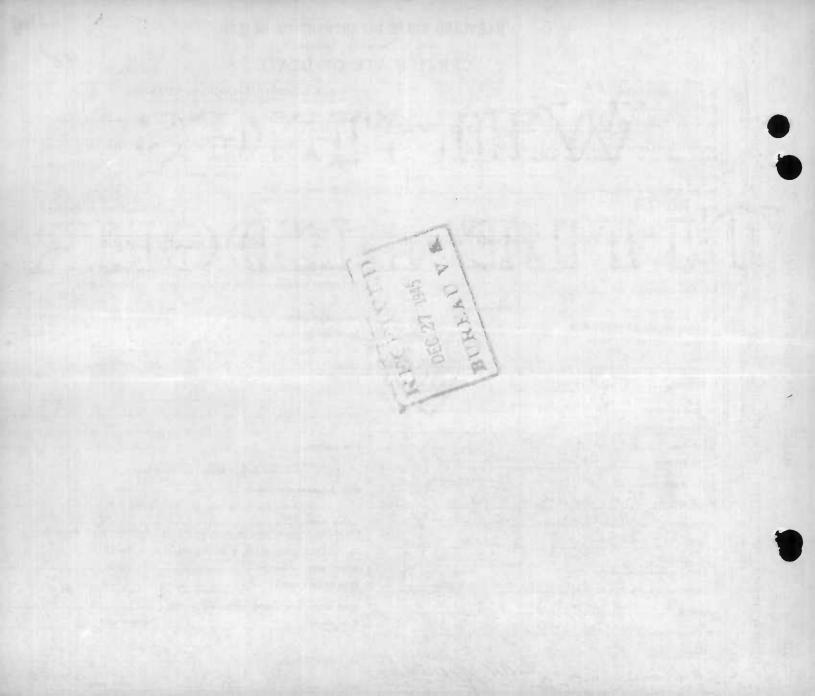
MARGIN RESERVED FOR BINDING

A15

## CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
3. (a) FULL NAME  Blanche mae me	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Terroll White married  6. (b) Name of bushand or wife Paul mcCaully	MEDICAL CERTIFICATION  20. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr.) may 3. 1900	19 45   10 45   19 4	
8. AGE: Years Months Days If less than one day	Due to.	
10. Usual occupation	Due 10.	
12. Name	Other conditions (Inclode pregnancy within 3 months of death)	
14. Maiden name. It lovence Hanna  15. Birthplace Converige. md.	Major findings of operations	
16. Informant William mcCarlly. Address Colora, Ind. R. F. D.	Autopsy results	
(Burial, cremetion, or ramoual, Which?)  Cemetery or crametory B apptial Cemetary  Company of crametory B apptial Cemetary	Accident, suicide, or homicide	
Location Convince Md	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)	
18. Funeral director Company Sun Md, Address Prising Sun Md,	23/SIGNATURE LEW OCKEN KULD	
10 Azer John 19 45- Z - Registrar Registrar	Address training Sur Mate Signed 4204	



The correct age

1. PLACE OF DEATH:

How long in above place of death?....

How long in hospital or institution? 3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

13. Birthplace

15. Birthotace

8. AGE:

Hospital, institution, or street address where don'th occurred:

S. Color or race

Months

6.(b) Name of husband or wife.....

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 78-0

#### CERTIFICA

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1	E OF DEATH	Reg. Dist. No.	************
	Street No. 190 / Vollings	County Cecul	
	2.(a) If yeteran, name war		
7	- Culley	3. (b) Social Security Number	
	20, DATE DF DEATH	45 to December	
-	Immediate cases of death	· Cesamo 30	RATION
	Due to		************
	Due to		
-			
-	Dther conditions		
-	(Include pregnency within	8 months of death)	

PHYSICIAN: Please underlies the case to which death sheeld be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;

(month) (day) (year) Accident, suicide, or homicide.....

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, coeety, aed state)

6.(a) Single, married, widowed, or divorced

.S.(c) It slive, give age ......year

It less than one day

.hrs.

18. Funeral director

Address

PLEASE WRI

**VS A15** 

(Date rec'd by registrar)

(Burial, cremation, or removal. Which?)

RFraz Registrar 23. SIGNATURE.

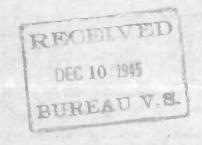
Where did injury occur? .....

Injured at home, farm, Industry, public place (where?) ... injured at work? Means of Injury M. D. or other

(County)

(State)

(City or town)



VS-A15

## MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N

Charles	St.,	Baltimore	108

1	2186
Reg. Dist. N	10. 9.2

CERTIFICAT	TE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bafy Mc Neil	3. (b) Social Security Number
4. Sex 5. Color or race 5.(4) Single, married, widowed, or divorced Light	MEDICAL CERTIFICATION  20. DATE OF DEATH 100 Casaffee 8 1955 7 at 10 P.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Bays It loss than one day 3 hrs. min.  9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to.
11. Industry or business  12. Name Rozers M'heil  13. Birthplace Votte Caroline	Other conditions
14. Maiden name Carnesting Shimo	(Include pregnancy within 8 months of death)  Major findings of aperations
16. Interment Janie Rogers Mi hard Address II & Bell: Lane Colon Md	Autopsy results
17. (Burlal, cremstion, or removal. Which?)  Date thereot. (2-10-1945)  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometory or crematory ATT LAND Consideration	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Chew R. Bell	Means of Injury Injured at work?
Address 909 Poplar St. Wife Del.	23. SIGNATURE James L. John M. D. or other
(Date rec'd by registrar)	Addross 2 BX C. (Left St. Elet water signed 12/8/4)

DEC 14 1945 BUREAU VE.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-4

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## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infanta give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State County County	
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where doath occurred:	2 1 5	
warion Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	2(a) If veteran, name war who a with a	
3. (a) FULL NAME	3. (b) Social Security Number	
Thomas B. n	Tiller none	
4. Sox 5. Color or race 6.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION	
Male white Ochowed.	2D. DATE OF DEATH. DOC 25 18 45 21 9 30 M	
B.(b) Name of husband or wife. Dabelle Hallan Miller.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw harmalivo on 25 18 V	
deceased (mo., day, yr.) March 13 1865		
8. AGE: Yours   Months   Bays   If less than one day	Immediate cause of death	
80 9hrsmin.		
Charles no 1		
9. Birthplace (Down, county, and state)	Due to.	
10. Usual occupation (Banker	***************************************	
11. Industry or business Retried	Due to	
	Getting Rel 70 Ver	
12. Hame Lennard Milly 13. Birtholace	Diher conditions ZO 4	
14. Maldon name	(Include pregnancy within 3 months of death)	
	Majnr fiadings of operations.	
	Date of op.	
16. Intermant May M. Helie Huller	Autopsy results.	
Address Clother Of W mod	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burnal, Which?) Date thereof 2 2 8 - 4 5 - (Burnal, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
Cemetory or crematory the stay It M. Clarist	Where did injury occur?	
Location Clothen Vilrail	Injured at home, farm, industry, public place (where?)	
18. Funeral director Supplied A Strains	Means of Injury   Injured at work?	
Address Address	(h/ a	
AUDIESS MAN CON. Mg	23. SIGNATURE Mesbertely h. A.	
(Oate ree'd by registrar)	M. D. or other	

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THE REPORT OF THE PARTY OF THE

HOADS ALTON

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (bl)

#### CERTIFICATE OF DEATH

1	2780
r. Dist. No.	92

	Kog. Diet. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	Slate County		
How long in above place of death?	City or town		
Hospital, Institution, or street address where doubt occurred:	(If outside city or town limits, write NORAL and give nearest town)		
Mine Hospital	Street No		
How long in hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME many mills	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
Tamale White married			
0 3 4 4	20. DATE OF DEATH. Dec. 12, 1945, at 1:55A		
B.(b) Namo of husband or wife Janus Mills	21. I CERTIFY that doath occurred on the dale above stated: that I attended deceased from		
8.(c) If alive, give age 66 yes	DGa 1/- 19 4/ , to D & 2 12 19 4		
7. Birth dato of	and that I last saw ter alive on Dec. 11,		
deceased (mo., day, yr.) free 10, 1819	Immediate cause of death		
8. AGE: Years Months Days It less than one day			
66 6 Vhrs	n. Dealy by myllely 5-67		
9. Birthplace Lauchnes Eugland	Que to		
(Town, county, and atate)			
10. Usual occupation Atousungs	B <sub>1-2</sub> I <sub>2</sub>		
11. Industry or business	Due 10		
12. Name no ufornalu  13. Birthplaco England	Dther conditions		
	(Include pregnancy within 8 months of death)		
t4. Maldon name to reformation to 15. Birthplaco England	Major findings af aperations.		
E 15. Birthplaco Zucy Can	— Date of op.		
18 Interment James milly	Aolopsy results		
Address Elkton, 2nd R.D. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide,		
Cemotery or crematory Elkton century	Where did injury occur?		
Cemotery of crematory			
Location Willow My	Injured at home, farm, industry, public place (where?)		
to. Funeral director 74 whether the	Means of Injury Injured at work?		
BD14-0-1			
Address Cliston, Mis	23. SIGNATURE Shalf Culturally May		
19 Nec 15 19 45 3/13 rase	M. D. or other		
(Dato rec'd by registrar)	ar Address Akton, Md. Dato signed Dec. 14,		

DEC 18 1945

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

#### CERTIFICATE OF DEATH

12183

Reg. Dist.	No. 92
ateg. Diet.	

	Reg. Diet. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME Barcla & Minor	3. (b) Social Security Number
4. Sex Jale Col Single, married, widowed, or divorced Serigle	MEDICAL CERTIFICATION  20. DATE OF DEATH. December 21 1945 of 11:100 m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 4. to Clee, 2. 19. 4
8. AGE: Years Months Days It less than one day  / / / / / / / / / / / / / / / / / / /	Immediate cause of death DURATION 3 day
9. Birthplace (Location (Town, county, and state)	Due to.
11. Industry or business	Due to
13. Birthplace Chaffellerle la  14. Malden name Maty Scimpsers  15. Birthplace Thela Pa	(Incinde pregnancy within 8 months of death)  Major findings of operations
16. Interment Mrs. Mary Simper Minor Address Elkton Mal	Autopsy results
(Burlal, cremation, or removal, Which?)  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Clathon, Miles	Where did injury occur?
Address Clkton, Mil  18 Dec V (a. 18 45 TR Frager (Date ree'd by registrar)  (Registrar)	23. SIGNATURE James L. Johnson M. D. or other Address Ellta M. D. as signed 12 126/45

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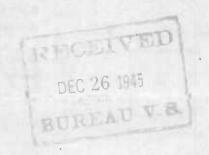
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: CountyCecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cify or fown. Perry Point, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 yr. 9 mos. 18 days  Hospital, institution, or street address where death occurred:  Vets. Adm. Hospital, Perry Point, Md.  How long in hospital or institution? 1 yr. 9 mos. 18 days	State Penna. County Cumberland  City or town Shippensburg  (If outside city or town limits, write RURAL and give nearest town).  Street No. 113 N. Earl St.  (If rural, give LOCATION)  2.(a) If veteran, name war. World War I		
3.(a) FULL NAME - MINOR, Oscar O.	3. (b) Social Security Number Unknown		
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced   Married	MEDICAL CERTIFICATION  2D. Date of Death December 21 19.45 at 1:30 P		
6.(b) Name of huyband of wife. Pauline Minor  6.(c) If alive, give age unknown years  7. Birth date of deceased (mo., day, yr.) March 2, 1895	21. I CERTIFY that death occurred on fhe date above stated; fhat I attended deceased from		
8. AGE: Years   Months   Days   If less than one day   19	Huntingdon's Chorea over 3 yr		
9. Birthplace Hallton, Pa.  (Town, county, and state)  (D. Usual occupation Oil Refinery  11. Industry or business Oil  12. Name Shelton Minor  13. Birthplace Pennsylvania  14. Malden name Olive Gardner Minor  15. Birthplace Pennsylvania  16. Intermant Records, Vets. Administration	Due to		
Address  Perry Point, Md.  Removal (Burlai, cremation, or removal. Which?)  Cemetery or crematory  Spring Hill Cemetery  Location  Shippensburg, Pa.  18. Funeral director  PHONINGTON CON  Address  Hawre de Crace, Md.	22. VIOLENCE: tf deafh was due to external causes, fill in the following;		



		2411 N. Char	EPARTMENT OF HEALTH les St., Baltimore 992 TE OF DEATH	12191 Reg. Dist. No. 96
1. PLACE OF DEATH:	Cecil		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
How long in above place of death	Administration	on Farm Paint, I mo. 4 days ministration	(If outside city or town li	Couoty Mineralm mits, write RURAL and give nearest town) give LOCATION)
3. (a) FULL NAME	NASEF, S			3. (b) Social Security Number
11 000	or or race   6.(a)Sing	le, married, widowed, or divorced		CERTIFICATION 23 10.45 212:17 P
7 Dich date of	6.6	knownyear	21. I CERTIFY that death occurred on the data September 19 and that I leat saw h.j.malive on	abova atated; that I attended decaaaed from  1923, to Dec23
	Months Daya	it less than one day	Immediate cause of death	ntion Under ermined
10. Usual occupationUnk 11. Industry or business	(Town, county, and	state)	Due to	
12. Name	Unknown Unknown		Other conditions Dementia I	Over 20 years
14. Maiden name Unknown				n 3 months of death)

9-45-15M

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(month) (day) (year) Arlington National Location Arlington.

18. Funeral director.

16. Informantilospital Records

19. (Date rec'd by registrar)

Son

Meana of Injury

Accident, suicide, or homicide ...

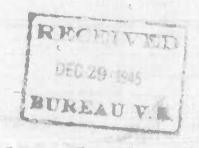
Where did injury occur? .....(City or town)

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured at home, farm, Industry, public place (where?)

injured al work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.



WRITE

clearly

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) City or fown Veterans Administration, Perry Point, Md.
(If outside city or towe limits, write RURAL and give nearest town) How long in above place of dealin? 1 yr. 5 mo. 11 days City or town .... (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: Street No. 208 Schroeder Street Wetdrans Administration, Perry Point, Md. (If rural, givo LOCATION) How long in hospital or institution? Same as above 3. (a) FULL NAME 3. (b) Social Security Number OFFER. Columbus 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male Separated wegro 20 DATE DE DEATH December 26. 19/15 al 6:00P. M 21. I CERTIFY that death occurred on the date above stated; Ihal I attended deceased from Estella Phillips 6.(b) Name of husband or wife...... July 15, 1944 19 10 Dec. 26 19 45 .6.(c) If alive, give age .....49 years and that I last saw h im alive on December 26 19 45 7. Rirth date of deceased (mo., day, yr.) Immediate caose of death..... If less than one day 8. AGE: Years Syphilis of Central Nervous System. Meningo-encephalitic type 9. Birthplace Conowingo, Md. (Towe, couety, end state) XDENXAbscess of right buttook 2 months 1D. Usual occupation Stevedore XXXX Arteriosclerosis cerebral and 11. Industry or business beneral Undetermined 12. Name Richard Offer
Land Birthplace Churchton, Md. Other conditions Psychosis with syphilis of Central Nervous System, Meningo-encephalitic 14. Maiden nar 15. Birthplace 14. Maiden name ... Mattie Steward Major fiedings of operations.... Churchton, Md. 16. Informant Hospital Records Antopay results Same as above PHYSICIAN: Please ooderline the caose to which death should be charged statistically. Address Veterans Administration, Perry Point, VIOLENCE: If death was due to external causes, fill in the following; Where did injury occur? .....(City or town) Cemetery or crematory arbutus Cemetery (County) Injured al home, farm, Industry, public place (where?) Injured at work? Means of Injury Address Havre de Grace

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The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

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#### CERTIFICATE OF DEATH

Reg	. Diat.	No.	9/
1408	. Diac.	140.	

of deth clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION ?
causes	Female White Widowed	20, DATE DF DEATH
ry it	B.(b) Name of husband or wife Septimus F. Osbourn  B.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.) Aug. 25, 1856	21. I CERTIFY that death occurred on the date above stated that I attended deceased from  197. 10. 31. 197. 197. 197. 197. 197. 197. 197. 19
Supply ever please write	8. AGE: Years Months Days It less than one day  8 9 4 5hrs. min.	Immediate cause of death DURATION
ADING INK. Physicians: pl	9. Birthplace Baltimore (Town, county, and state)  1D. Usual occupation. Massic Teacher  11. Industry or business	Due to. Chimin Cardis Mula.  Neure diserve / Oyers.  Due to.
TT.	12. Name George Pestel  13. Birthplace Germanus	Diher conditions of the deal we had
WITH UNI important.	14. Maiden name Mary Snyder  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations
. >	16. Interment & a.M.C.S. S. F. F. M.Z.C.F.	Aatopsy results
E PLAINLY, is especially	Address Earleville, Ma.  17. Burial, cremation, or removal. Which?)  Cemetery or crematory West Nottingham.	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
WRIT	Location Cecil County	Injured at home, farm, Industry, public place (where?)
ASE	18. Funeral director. Earl Tysom Address Rising Sum, Md.	Means of Injury Injured at work?  23. SIGNATURE. A Dono Mu
PLE	19 (Date ree'd by registrar)  (Date ree'd by registrar)  (Registrar)	Address besteral Mr. Date signed M. D. or other





2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

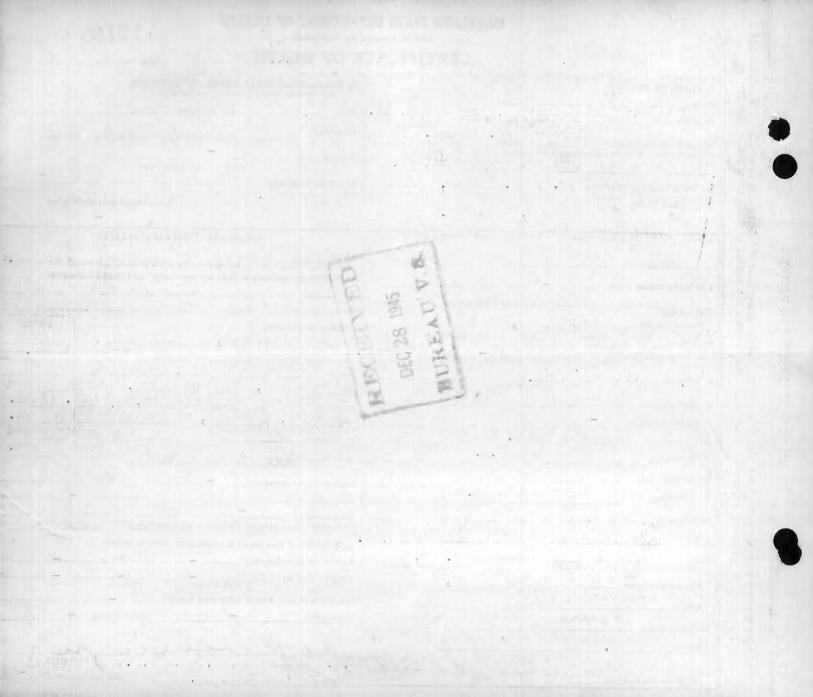
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1. PLACE OF DEATH: Cecil County Veterans Administration, Perry Point, Md.					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
			tration	Perry Point, Md	State Virginia County Norfolk
City or fown	(If outs	ide city or town	limits, write R	URAL and give nearest town)	City or town
					(If ontside city or town limits, write RURAL and give nearest town)
Hospital, institu	ition, or st	reet address where ministra	tion. Pe	erry Point, Md.	Street No
					III WANT T
		stilution?	a	ll das.	2.(a) If veteran, name war.
3. (a) FULL	NAME	PED	RICK, S	Samuel P.	3. (b) Social Security Number
4. Sex		5. Color or race	B.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Ma.	le	White		Single	20. DATE OF DEATH. December 24. 19.45 at 4:15 P.
			335		21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B,(6) Name of	nusband or				May 13 19 44 to December 24 19 45
7. Birth date of	f			c) if alive, give ageyear	and that I last saw h im alive on December 24 19 45
deceased (m	o., day, yr.)		er 13,		Immediate cause of death
8. AGE:	Years	Months	Days	tf less than one day	Tuberculosis, pulmonary, chronic,
	67		11	hrsmin	
9 Riribulace	Por	tsmouth.		atate)	XXXX Arteriosclerosis, general
J. Dirtipleson		(Town	, county, end	atate)	and coronary, with occlusion, Undetermined
10. Usual occ	upation				Pleurisy with effusion, 10 ds. XXXXX.
11. Industry of	r business	grade .			Pneumonia, terminal, Cholecystitis 2 da with cholelithiasis Undetermined
当 12. Name				Pedrick	Other conditions
12. Name 13. Birthp	iace	Ply	mouth,	N.C.	Dementia Precox, Paranoid Type Over 20 yrs.  (Include pregnancy within 3 months of death)
		Mar	v Owens	S	
14. Malde	en name	Por	tsmouth	. Va.	Major findings of eperations.
					Same as above
18. Informant	ospit	al Recor	ds		Autopsy results
Address V	etera	ns Admin	istrat	ion Perry Point N	
					22. VIOLENCE: If death was due to external causes, the in the following.
(Buriai, ca	remation, o	oval. Which		reof Dec 26, 1945 (month) (day) (year)	
Cemetery or crematory Cedar Grove Cemetery,			rove C	emetery,	Where did injury occur?
Portsmouth, Va.			Va.		Injured at home, farm, Industry, public place (where?)
LOCATION		12	- 4	~ ~ S~~	Means of Injury A Injured at work? —
18. Funeral d	lirector.	ENNINGTO	SON	, Havre de Grace	5 - C/2
Address	j	Md.			To 22 SIGNATURE! E Polling the
10		21 4	( )	ED.	A.E. TROLLINGER, Lt. Col., M.C., Price !!
(Date rec'd by registrar)			J < J/	Alegistri	Thirector, veterans Administration 12-26-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING 9.45.15M

The correct age

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dag	Dist	No	4	2
reak.	Princ.	7400	******	

12200

CERTIFICA	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Oloherta L	ery . 3. (b) Social Security Number
4. Sex 5. Color or race 8. (a) Single, married, wildowed, or divorced rich rich response of husband or wife some single response of the rich rich rich response of the rich rich rich rich rich rich rich rich	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day	and that I last saw half salive on 2 7 19 4 5.  Immediate cause of death DURATION  Due to Due to Duration
10. Usual occupation	Due to
14. Maiden name Christian May Dierson 15. Birthplace Christian May Dierson 16. Informant May Dierson 16. Information	(Include pregnancy within 3 months of death)  Major findings of operations
Address  17. Bate thereol. Date thereol. (Borial, cremation, or removal. Which?)  Cemetery or crematory. (Borial, crematory. (Company)	22. VIOLENCE: 11 death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director	Means of injury injured at work?  23. SIGNATURE CONTROLLED  24. D. or other

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and

VS A15

PLEASE WRITE

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DEC 14 1945
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

12196

Date signed 7706/2

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME 4.00 .	3. (b) Social Security Number
4. Sex   S. Color or race   S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f. Who willowed	20. DATE OF DEATR & ceentre 2 19 45, at & PM
8.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated: that l'attended deceased from
deceased (ma., day, yr.) Claral 23, 1868	7
8. AGE: Years Mooths Days It less than one day 77 7 28hrsmin.	Immediate canse of death DURATION
8. Birthplace	Due to thous hy feelen
10. Usual occupation.	Due to Chadist basela desan 10 years
12. Wame Prest Hatron  13. Birtheliace Chesopeoke Che Ind	Other conditions.
14. Maiden name Herrotta Morgania 15. Birthpiace Chesperte at Med	(Include pregnancy within 3 months of death)  Major findings of operations.
18. Intermed Thelma Jacob Address Theospeake City Ind	Antopsy results
17 Date hereot Dec 26 45 (Burlal, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or bomicide
Location Alox Chesapeake City Med	Where did injury occur?
18. Funeral director H. W. Parkers	Means of injury Injured of work?
Address Elbton, Phol	1 Nois MA
(Date ree'd by registrar)	23. SIGNATURE. M. D. or other  Arrives hersheet his pair street / 1/6/8/

VS A15

PROBLEM OF STREET



3. (b) Social Security Number

DURATION

(If rural, give LOCATION)

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

#### CERTIFICATE OF DEATH

	10g. 21ac. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County TULLY	(For newborn infants give residence of mother)
City or fown Olklon	State Mary County County County
(If outside city or town limits, write RURAL and give nearest town)	City or town South Heboset
How long in above place of dealh?	(If outside city or towa limits, write RURAL and give nearest town)

How long in above place of dealh? Hospital, Institution or street address where des

How long in hospital or institution 3. (a) FULL NAME

8.(8) Name of husband or wife..........

7. Sirth date of

deceased (mo., day, yr/)

correct age

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information of death cle

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WRITE PLAINLY is especially

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FOR

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8. AGE:

9. Birthplace......

10. Usual occupation.

14. Malden no 15. Birthplace

16. Informant. Address

18. Funeral director. Address

(Date rec'd by registrar)

Registrar

(month) (day)

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Accident, suicide, or homicide..... Where did Injury occur? .....

Meaos of Injury

23. SIGNATURE

Address.

Injured af home, farm, Industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

Injured at work?

PER DESCRIPTION



MARGIN RESERVED FOR BINDING

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Evidence for change of age of deceased is shown MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

1946

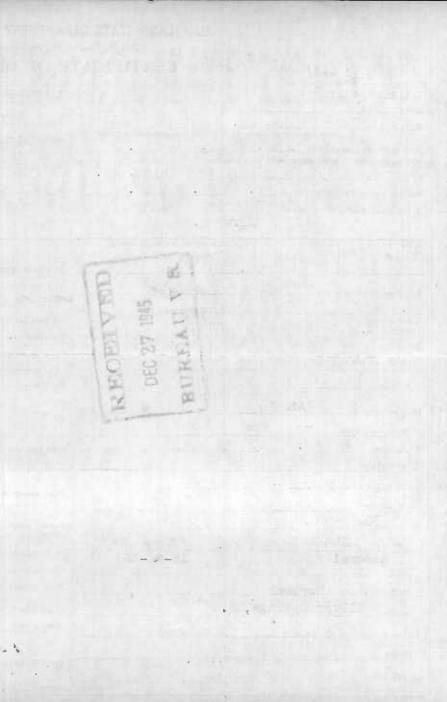
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1. PLACE OF DEATH:

12201

ERTIFI	CATE	OF	DEATH	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Cecil	state Maryland County Montgomery
City or town Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town)	Poelari 11 e
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Veterans Administration, Perry Point, Md.	Street No. Route 3 (If rural, give LOCATION)
How long in hospital or institution? 1 yr. 26 da. 10 mos.	2.(a) If veteran, name war. World War I
3.(a) FULL NAME RIGGS, Harry B.	3. (b) Social Security Number Unknown
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Negro   Separated	MEDICAL CERTIFICATION  20, DATE OF DEATH. December 21 19.45 21 6:30 A M
6.(b) Name of husband or wife Unknown — separated	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25, 1944 19 to December 21 1945
7. Birth date of deceased (mo., day, yr.) March 3, 1895	
8. AGE: Years Months Days If less than one day	General Paralysis of the Insane 2yrs.
50 45 9 18min.	
9. Birthplace Maryland (Town, county, and state)	Due to
10. Usual occupation Laborer	And he
11. Industry or business	Due to
12. Name John F. Riggs 13. Birthplace Maryland	Other conditions Psychosis w/syphilis of central nervous system, meningo-encephalitic type.  (Include pregnancy within 8 months of death)
14. Maiden name Unknown — Mary Riggs 15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
\$ 15. Birthplace Maryland	Date of op.
16. Informan Records - Veterans Administration	Autopsy results
Address Perry Point, Md. 12/24 at	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Removal  17. Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematoryNorbeck	Where did injury occur? (City or town) (County) (State)
Location Silver Springs, Mi.	Injured at home, tarm, Industry, public place (where?)
14 40	Meens of Injury —— Injured at work? ——
PENNINGTON & SON	08/2000
Address Havre de Chace, Md.	23. SIGNATURE 2. Collect
19. (Dato rec'd by registrar) Registrary	A. E. INCULLINGER, LT. COL., MC, MCP.PROPERTEUTO



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ADING INK. Supp Physicians: please

UNF important.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

2.(a) It veteran, name war....

3. (b) Social Security Number

DURATION

#### CERTIFICATE OF DEATH

10111	B OI DENIII	Reg. Dist. No
	(If ontside city or	sidence of mother)

MEDICAL CERTIFICATION

I CERTIFY that death occurred on the date shove stated; that I attended deceased from

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.

1. PLACE OF DEATH:

How long in above place of death?...

How long in hospital or institution?

Hospital, Institution, or street address when death occurred:

53 6.(c) If alive, give age ..

It less than one day 8. AGE:

11. Industry or business 12. Name.

13. Birthplace 14. Malden na 15. Birthplace

Address

Address

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:

Where did injury occur? .....(City or town)

Injured at home, farm, Industry, public place (where?) ......

Injured at work?

M. D. or other

Means of Injury

especially PLAINLY WRITE

PLEASE (Date rec'd by registrar)

DEC 8 1945 BUREAU V.S. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

A15 AS

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Battimore 199)

#### CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurrent.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Caunty  City or town  (1f outside city or town limits, write RURAL and give nesreat town)  Street No.  (1f rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
	3. (b) Social Security Number
4. Sex  5. Celor br race  6.(a) Single, married, widofed, or divorced  Color  C	MEDICAL CERTIFICATION  20. DATE OF DEATH. LOR 9 18 45 1 2 5 1
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from  19.45.  and that I last saw h. 4.4. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death  DURATION  DURATION  Oue to. (AS wh - q st ta stat)
10. Usual occupation  11. Industry or business  12. Name	Other conditions.
14. Maiden name Chorth Corolina  14. Maiden name Chelon Reside  15. Birthplage Clleton Md	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant John Sturgell Address Cleton, Mad	Aetopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Comparison Collection C	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
tocation Clfston 2nd  to Funeral director Sylve Toppini	Injured at home, tarm, industry, public place (where?)
Address Chelon, Ind.  19. Dec 10 19.45 FRJ Registrar  (Date ree'd by registrar)  (Pegistrar)	23. SIGNATURE On . K. VAS OL C. L. D. M. D. or other  Address. Elb Sn. L. V. Oaie signed Acces. 10

HYANG NO STANKS WATER

DEC 14 1945
BUREAU V.8

# 12202

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	and level
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Umam distribut	(If rurai, give LOCATION)
H3 A COR	
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME margaret & the	Rompson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of West mussied	
or. rough mooracy	20. DATE OF DEATH Dec: 13 1945, 11/2359m
Charles & Thomason	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	11-5 1945 10 12-13 1945
7. Birth date of	and that I last saw help alive on 12 - 1845
7. Birth date of deceased (ma., day, yr.) Nov 28 1674	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
7,	agua Garana
/ 3hrsmin.	A Land Color
B. Birthplace North Cash Cecil Co. Med	Due to
(Town, county, and state)	Cumu muadus
10. Usual occupation.	Due to
1f. Industry or basiness	DUC 15
12. Name. Richard Jeurs 13. Birthplace Board Jeurs	Dther conditions
13. Birthplace Sound With M.	(Include pregnancy within 3 mouths of death)
# 14. Malden name The Oliver	
14. Malden name Seign Olimania 15. Birthplace	Major findings of operations.
31 15. Birthplace	Date of op
16 Informant Charles & Thompson	Autopsy results
~ -05 1 R. 11) 200	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address North Wash (Number) and	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Rising Sud Rurall	Injured at home, farm, industry, public place (where?)
	Means of injury injured at work?
18. Funeral director.	
Address Writh East and -	(NO Bodows hih)
- 1 201	23. SIGNATURE. M. D. or other
19 He 15 19 45 - 3/8 Jrages	1 / N. a. 11 X 111 111 12/12-115
(Date rec'd by registrar)	Address Date signed D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

PLEASE

VS A15

DEC 18 1945

## MARYLAND STATE DEPARTMENT OF HEALTH

#### CEDTIFICATE OF DEATH

eet age	CERTIFICATE OF DEATH  Reg. Dist. No.				
information carefully. The correct of death clearly and legibly	1. PLACE of DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State			
	3. (a) FULL NAME  Clay Watson	3. (b) Social Security Number			
m of intuses of	A. Sex    S. Color or race   S. (a) Single, married, widowed, or divorced   White   Sugle	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.45 at /0			
PLAINLY, WITH UNFADING INK. Supply every item of its especially important. Physicians: please write the causes	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from  19			
	10. Usual occupation.  11. Industry or business  12. Name	Due to			
INLY, W	16. Informant Bledene Water Address Colora Waryland	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:			
	Cemetery or crematory.  Coatlon  Date thereof (month) (day) (year)  Curely (lay) (year)  Location	Accident, suicide, or homicide			
PLEASE WRITE	18. Funeral director T. A. B. C. C. Address & arlington M. C.	Means of Injury Injured at work?  23. SIGNATURE.  Address.  Address.  Date signed.			

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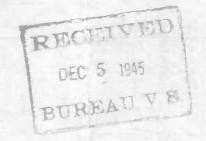
VS A15

DEC 8 1945 BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

ATE OF DEATH

	TE OF DEATH Reg. Dist. No. 73
1. PLACE OF DEATH:  County  City or town.  (if outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or streef address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn intages give residence of mother)  State County  City or town (If outside city or town limits, write RURAL end give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Ran Watson	3. (b) Social Security Number
4. Sex Schor or race 6.(a) single, passion, widowed, or divorced  Male White Single  8.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth dafe of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace	Due to.
12. Name Bedraud Matton  13. Birthplace Allaheny Co. M. C. J.  14. Maiden name Exter anders on C.  15. Birthplace Allaheny Co. M. C. I.	Other conditions (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
Address Column Carel Car	Autopsy results
	Where did injury occur?



# MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

2411 N. Charl	es St., Baltimore BFD		
CERTIFICAT	FE OF DEATH Reg. Dist. No. 96		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Maryland County —  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 2121 E. Fairmount Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war Spanish American War V		
County			
3.(a) FULL NAME WEATHERS, Clarence H.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH. December 13 19.45 10:42	A	
8,(b) Name of hythand or wife	Immediate cause of death	94. ATIO	
8. AGE: Years Months Days If less than one day  65 L <sub>1</sub> 26	Chronic Glomerular Nephritis Underterm	un	
8. Birthplace Raleigh N.C. (Town, county, and state)	and coronary 5 yr	`S.	
10. Usual occupation	Www. Ulcerative colitis Undeter	mi	
12. Name Unknown	Diher conditions Psychosis with cerebral arteriosclerosis 5 yr	`S•	
14. Malden name. Unknown	(Include pregnancy within 3 months of deeth)  Major findings of operations.		
2 15. 8/rthplace Unknown  16. Informant Hospital Records, Veterans Administr  Address tion, Perry Point, Md.	B-Actopsy results		
Removal (Burial, cremetion, or removal, Which)  Cemelery or crematory  Baltimore, Md.  Date thereof.  December 13, 19 (montb) (day) (year)  Cemelery or crematory  Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
18. Funeral director Pennington & Son Address Havre de Grace, Md. 9  19. 41. 2	23. SIGNATURE STORES, Lt. COL., M.C., CIEMERIA	\$ -4	

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DEC 17 1945
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1	2	2	()	6

CERTIFICAT	TE OF DEATH Reg. Dist. No. 92
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ellen May he	stely. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, for divorced me currell me currell for the shape of husband or wife. Cuttlewin Chestery.	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day  55 5	Immediate cause of death DURATION  COUNTY  Due to Due to Duration
12. Name James Jarobas.  13. Birthplace Ta.	Other conditions
14. Malden name Alla Rullausten  15. Birthplace Elitariona  16. Informant Arthur Prepley	Major findings of operations
Address Glaton Md.  17. Burial (Burial, cremation, or removal. Which?)  Bate thereof 12.9-45. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory C E RAR HILL  Location ELIY TO N RUSAL  18. Funeral director Fortigals R. Hamm	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address houth Early ruck  19 19 19 19 19 19 19 19 19 19 19 19 19 1	23. SIGNATURE LA VOLCON MAD. CONTINUE C

HILIAM TO THEIR TRANSCORP CONT.

DESCRIPTION OF CHARLES AND ADDRESS.

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	2411 N. Charl	es St., Baltimore 290
M t	CERTIFICAT	TE OF DEATH Reg. Diat. No
	1. PLACE OF DEATH:  County  City or town.  (If outside fly or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
	How tong in hospital or institution?	(If rural, give LOCATION)
	3.(a) FULL NAME illian 60 racy	2.(a) It veteran, name war
		MEDICAL CERTIFICATION  20. DATE OF DEATH December 1945 at 113
BINDING	6.(6) Hame of husband or wife Walter W. White  8.(c) It allve, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
OF	7. Birth date of Jan day vr.) Feb. 6 1881	Immediate cause of death DUR
- 7	8. AGE: Years Mooths Days It less than one day	Cerberal Haemorrhage 1d
RESERVED	9. Birthplace It ames quarter, Somersetco, Md	Due to
(	10. Usual occupation	Due to
ARGIN	11. Industry or businges  12. Name fassus a Policy	Other conditions cerebral Harmonhage 7/2

ICATION at 1130 A. M at I attended deceased from DURATION 1da (Include pregnancy within 8 months of death) Major findings of operations

PLAINLY, WITH UN is especially important. WRITE PLEASE

14. Malden na 15. Birthplace

(Date rec'd by registrar)

. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homtcide..... Where did injury occur? ...... Injured at home, farm, Industry, public place (where?) ..... Means of Injury 18. Funeral director Address 3. SIGNATURE

Injured at work?

Addrese.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(City or town)

DEC 20 1945
BUREAU V.A.

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 65-

12208

Reg. Dist. No. 96

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Cecil  City or town of terans Administration Represent Md.  (If outside city or town limits, write RURAL and eye nearest town)  How long in above place of death?  3 yrs. 6 mo. 13 days.  Hospital, institution, or street address where death occurred:  Veterans Administration, Perry Point, Md.  How long in hospital or institution? Same as above				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infante give recidence of mother)  State		
			ery Point, Md.			
3. (a) FULL NAM	E				3. (b) Social Security	
	WIELEW	SKI, (	Wielekowski) Wa	claw	unknown	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	W		Single	20. DATE OF DEATH. December 12	19. 45	10:30A
	Oakabasa	5.(	c) If alive, give ageyear	and that I last saw h. 1. M alive on LCC	42.10 December 12	r 12 1945
8. AGE: Year		Days	If less than one day	Disease of the Adrenal	ls	DURATION
48	1	24	hrsmin	***************************************		months
11. Industry or busines	Tinsmith		etate)	Due to		
E	nknown	••••••	•••••••	Other conditions Dementia Preco		
13. Birthplace				(Iuclude pregnancy within 3 months of death)		
14. Malden name.	Unknown			Major findings of operations		
2 15. Birthplace	Poland			Date of op.		
			ation, Perry Point		ove ch death should be charged	statistically.
Magicas	oval		eof December 14,194	an arrange of to the man due to aviamed acres		<u>unio</u>
Cemetery or crematoryBaltimore.NationalCemetery			(County)	(State)		
Baltimore, Md.		Injured at home, farm, industry, public place (who	ere?)			
18. Funeral director Pennington & Son, Havre de Grace,		Means of Injury	Injured at work?	- 440		
Address 1	Maryland	, )	se & Donaling	23. SIGNATURE A. E. TROLLINGER, Lt. CO.	l Q Q	orjother]
(Date rec'd by re	egistrar)		Registra	Address DIFECTOR, Veteralis	Date signed.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

